

# Application to join the Momentum Health Solutions Primary Care GP network

List of Schemes: Horizon: Hospital Plus Network plan; Medimed: Medisave option, Momentum Medical Scheme: Ingwe option; Moto Health: Custom & Essential options; Pick n Pay: Primary Option; Sisonke Health: Diversity and Pride options; Suremed Health: Explorer and Shuttle Option; Wooltru: Network Option; Momentum Health4Me

<b>Do you understand and support the commitment to cost effective treatment choices where appropriate?</b>				<b>Y / N</b>
<b>Main Provider Information</b>				
Practice name:		Main doctor's name:		
Individual practice number:		HPCSA (MP) number:		
Affiliated practice numbers:		Male / Female:		
Doctor's ID number:		Do you have insurance coverage?		
Group practice number:				
<b>Partners/Associates/Permanent Locums - only if wanting to be contracted to Momentum Health Solutions with main provider</b>				
Full name:	Practice Nr:	Male / Female:	ID number:	
<b>Main Practice details</b>				
Physical Address:			Postal Code:	
Postal Address:			Postal Code:	
Practice Tel number:				
Doctor's cell phone number:		Emergency number:		
Doctor's email address:		Practice email address:		
Doctor's consulting hours: Mon – Fri		Accounts email address:		
Doctor's consulting hours: Sat		Practice manager/receptionist name:		
<b>Practice Information</b>				
	<b>Y / N</b>		<b>Y / N</b>	
Do you have a dispensary?		Do you make use of a bureau?		
Do you have a computer in the consulting		Do you make use of locums from time to time?		
Do you have a computer at reception?		Do you work in an emergency facility?		
Do you work on an appointment or walk-in basis? Please specify:				
Are you or have you ever been under investigation for a complaint against you? If yes, please specify.				<b>Y / N</b>
<b>Please indicate if you have the equipment and/or perform the procedures listed below at the above practice</b>				
	<b>Y / N</b>		<b>Y / N</b>	
Sonar machine		Circumcisions - clamp method		
Lung function machine		Circumcisions - surgical or other		
Peak flow meter		Limb casts with Plaster of Paris		
ECG machine		X-ray machine in practice		
Treadmill / Bike: if yes, please encircle which				
<b>Satellite Practice</b>				<b>Yes / No</b>
1. Address & telephone number of satellite practice:				
2. Address & telephone number of satellite practice:				

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to [network@momentum.co.za](mailto:network@momentum.co.za) or [drnet@momentum.co.za](mailto:drnet@momentum.co.za)

Please Note: Your application will be reviewed, and feedback will be provided within 7-14 days, if successful, the relevant contract will be sent to you for your perusal.

General eligibility criteria:

- BHF – registered provider
- HPCSA - active; no current investigations/judgements
- Provider not on indirect or suspended payment with any medical scheme
- Provider-to-member ratio
- Limited to area where members work and live
- Ingwe Active Network – close proximity to educational institutions